

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1111</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John J Boske P.O. Box, Bldg., Room No., if any Street 1004 Lakewood Drive City Bartlett State Illinois ZIP Code + 4 60103-5617	4. Name, file number, and address of labor organization. Name SMW Local 265 Union Labor Organization File Number 026-754 P.O. Box, Building and Room Number, if any Street 205 Alexandra Way City Carol Stream State Illinois ZIP Code + 4 60188
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John J. Boske

On

8-11-05
Date

630-837-8389
Telephone Number

Name of Person Filing <u>Johanna Burke</u>	File Number U- <u>026-754</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>The Segal Company</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>101 N. Wacker Drive Suite 500</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60606</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>SMW Local #265 Pen. and Health & Welfare Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>205 Alexandra Way</u></p> <p>City <u>Carol Stream</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60188</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>The Segal Company provides actuarial and consulting services to the Union and related trust funds. The dollar in line 11b represents combined fees paid by Health & Welfare and Pension Funds</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$100,000</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Two Cubs-Sox Baseball tickets in approx. July of 2004.</u></p>
	<p>12.b. Amount. <u>\$60</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>John Boske</u>	File Number U- <u>026-754</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Sheet Metl Workers Local 265 Education Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>205 Alexandra Way</u> City <u>Carol Stream</u> State <u>Illinois</u> ZIP Code + 4 <u>60188</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>The Education Fund provides training to Apprentice Sheet Metal Workers and I (John Boske) am a member of the Joint Apprenticeship Training Committee.</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>0</u> 12.a. Nature of interest held or income received. <u>3/16/04 JATC Regional Contest Jacket \$52.00</u> <u>3/16/04 JATC Regional Contest Dinner \$60.00</u> <u>Per Deim for Regional Contest \$300</u> <hr/> 12.b. Amount. <u>\$412</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing <u>Jeff Boske</u>	File Number U- <u>026-75-4</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Sheet Metl Workers Local 265 Education Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>205 Alexandra Way</u> City <u>Carol Stream</u> State <u>Illinois</u> ZIP Code + 4 <u>60188</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>The Education Fund provides training to Apprentice Sheet Metal Workers and as a member of the Joint Apprenticeship Training Committee I am required to attend Regional and National Contests.</u> <hr/> 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>4/29/04 Hotel & Airfare to attend National Aprentice Contest \$586.00.</u> <u>4/29/04 Per Diem to attend National Apprentice Contest \$900.00</u> <hr/> 12.b. Amount. <u>\$1,486</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. _____

Name of Person Filing <u>John Boske</u>	File Number U- <u>026-754</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Local 265 Pension and Health & Welfare Funds</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>205 Alexandra Way</u> City <u>Carol Stream</u> State <u>Illinois</u> ZIP Code + 4 <u>60188</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. The Local 265 Health & Welfare and Pension Funds are trusts that provide benefits to the members. As a Trustee on these funds I am required to attend a conference once a year. <hr/> 11.b. Approximate dollar value of such dealing. <u>0</u> 12.a. Nature of interest held or income received. 7/13/04 Round trip air fare to attend IFEBP conference in New Orleans. \$268.20 12/7/04 Per Diem for IFEBP Conference. \$356.62 12/7/04 Hotel room \$997.88 <hr/> 12.b. Amount. <u>\$1,623</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____